MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3							53							
4		/					54							
5							55							
6							56							
7	/						57							
8		/					58							
9		/					59							
10							60							
11							61							
12		/					62							
13	/						63							
14		/					64							
15							65							
16							66							
17		/					67							
18		/					68							
19		/					69							
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39							89							
40							90							
41							90							
42							91							
43							92							
44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.	3						100							
TOTAL DEP.	7						TOTAL IND.							
TOTAL CLAIMS	26						TOTAL DEP.							
							TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS